

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Plaza at Mililani	CHAPTER 90
Address: 95-1050 Ukuwai Street, Mililani, Hawaii 96789	Inspection Date: January 7-8, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (6) The facility shall provide each resident with the following:</p> <p>The unit shall have a call system monitored 24-hours a day by facility staff;</p> <p><u>FINDINGS</u> Room 519 – Call system in bathroom not functioning as intended</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Director of Maintenance changed the battery for the call system, checked it by pulling the cord, it worked properly.</p>	<p>1/7/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (6) The facility shall provide each resident with the following:</p> <p>The unit shall have a call system monitored 24-hours a day by facility staff;</p> <p><u>FINDINGS</u> Room 519 – Call system in bathroom not functioning as intended</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Vendor advised Director of Maintenance & Housekeeping on how to run a report to check on call system battery.</p> <p>Director of Maint. & Housekeeping to run report daily</p>	<p>1/19/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u></p> <p>Resident #1 – Physician's order on 1/23/2020 states, "Daily weights -- fax to me w/ BPs"; however, no evidence daily weights were obtained and faxed to physician.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1 – Physician's order on 1/23/2020 states, "Daily weights -- fax to me w/ BPs"; however, no evidence daily weights were obtained and faxed to physician.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Retrain Charge Nurses to thoroughly review After visit summary and ensure all new orders are implemented</p>	<p>1/20/21</p>

Licensee's/Administrator's Signature: R. Fajota

Print Name: Rebecca Fajota

Date: 01/24/2021